



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 8839

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/563,339    |                                  | 424   | 1635           | SLU03-010           |

**APPLICANTS**

Barrie Bode, Chesterfield, MO;

Inventorship should be changed to reflect  
2 inventors as per OATH, 01/03/2006.**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US04/21101 06/30/20

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA 60484728 07/02/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***

09/05/2006

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY                             | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Met after Allowance |                 |              |                    |
| Verified and                   | /JENNIFER S PITRAK/<br>Examiner's Signature                         | Initials                                     | MO              | 18           | 27                 |
| Acknowledged                   |   |  |                 |              | 4                  |

**ADDRESS**

Joseph E Zahner  
 3556 Caroline mall  
 Suite 208  
 St. Louis, MO 63104  
 UNITED STATES

**TITLE**

Compositions and methods of treating and diagnosing hepatoma

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>575 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|                                   |   |   |